MULTIPLE EMPLOYER WELFARE ARRANGEMENTS

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: **OHIO** **Filings Made During the Year 2011**

(1) Check-list/Form (N)	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES* Domestic State	Domestic NAIC	Foreign State	(5) DUE DATE (See Note "E")	(6) FORM SOURCE **	(7) APPLICABLE NOTES***
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 ½"X14"). USE HEALTH BLANK	1	0	0	3/31	NAIC	
	2	Quarterly Financial Statement (8 ½" x 14"). USE HEALTH BLANK	1	0	0	5/15, 8/15, 11/15	NAIC	
		II. NAIC SUPPLEMENTS						
	11	Actuarial Opinion	1	0	0	3/31	Company	
#	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	1	0	0	4/30	NAIC	
#	13	Health Care Exhibit's Allocation Report Supplement	1	0	0	4/30	NAIC	
	25	Risk-Based Capital Report	1	0	0	3/31	NAIC	
	27	Supplemental Compensation Exhibit	1	0	0	3/31	NAIC	M
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	1	0	0	6/30	Company	
	72	Audited Financial Statements	1	0	0	6/30	Company	J
INS7166	73	Audited Financial Statements Exemption Affidavit	1	0	0	6/30	State****	J
#	74	Communication of Internal Control Related Matters Noted in Audit	1	0	0	8/31	Company	
	75	Independent CPA (change)	1	0	0	6/30	Company	
#	76	Management's Report of Internal Control Over Financial Reporting	1	0	0	8/31	Company	
	77	Notification of Adverse Financial Condition	1	0	0	6/30	Company	
INS7160	79	Request for Exemption to File	1	0	0	1/31	Company	
		V. STATE REQUIRED FILINGS						
INS7058	100	Application for Certificate Authority Renewal	1	0	0	1/1	State****	
	120	Paid Claim Data Lag Report. NOTE: Reports for companies on monthly reporting are due the 20th of the following month.	1	0	0	3/31, 5/15, 8/15, 11/15 Monthly: See Note.	Company	

If "xxx" appears in this column, Ohio does not require this filing, if the data is filed electronically with the NAIC and acceptable to the state of domicile.
If "N/A" appears in this column, the filing is required with the domiciliary state.
"EO" denotes an "electronic only" filing. DO NOT FILE HARDCOPY.
***If "AFF" appears in this column, Ohio requires an affidavit on form INS7240 verifying electronic filing with the NAIC.**
****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**
*****Generally, Notes A through K apply to all filings.**
******These forms may be downloaded at www.insurance.ohio.gov under "ODI Forms."**
*******Do NOT file with the Ohio Department of Insurance. File only with the Ohio Treasurer of State. File only if payment is due. See Note D.**

		NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
	A	**Required Filings Contact Person:** *Annual & Quarterly Filings:* *Premium & Franchise Tax:*	*Susan Shidaker* (614) 644-2566 or **E-mail: taxes@insurance.ohio.gov**
	B	**Mailing Address for *Premium & Franchise Tax Returns*:** *NONE. Electronic filing only. DO NOT file hardcopy with the Department of Insurance. DO NOT send tax payments to this address. See Note D.*	**NONE.** **Do Not Mail Tax Returns. Electronic filing only.**
	C	**Mailing Address for *Annual and Quarterly Filings*:** *DO NOT send checks for filing fees. You will be billed when due. Do not mail tax returns. Do not send tax checks to the Department of Insurance.*	Ohio Department of Insurance Office of Risk Assessment 50 West Town Street, 3rd Floor Columbus, OH 43215
	D	**Mailing Address for *Premium & Franchise Tax Payments*:** *DO NOT send tax payments or tax forms to the Department of Insurance*. **Please send to the Treasurer the appropriate Tax Summary (INS7214 or INS7215), if payment is due only.**	Treasurer of State of Ohio P.O. Box 163458 Columbus, OH 43216-3458 **Attn: Kelly Alvis, Rev. Mgmt.**
	E	**Delivery Instructions**:	All filings must be physically **received** by the due date. If the due date falls on a weekend or holiday, the due date is the next business day.
	F	**Late Filings**:	Statutory penalties apply to required filings **received** after their due dates or not filed.
	G	**Original Signatures**:	Original signatures are required on all filings that require signatures. See Note L and Electronic Filing Authenticity Affidavit (Ohio Form INS7240).
	H	**Signature/Notarization/Certification**:	Principal officers are required to sign Quarterly and Annual Statement Jurat Pages. See Annual Statement Instructions and Ohio Form INS7240.
	I	**Amended Filings**:	Contact taxes@insurance.ohio.gov for tax amendment

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			forms. Amendments must be accompanied by an explanation and documentation. Original signature requirements apply.
	J	**Exceptions from normal filings**:	All companies must include a copy of any extension or exemption granted by their state of domicile.
	K	**Bar Codes (State or NAIC)**:	Please refer to the Appendix of the NAIC Annual Statement Instructions and Ohio form INS7213 for instructions.
	L	**Signed Jurat:**	Domestic insurers must attach signed, notarized Jurat with Affidavit (INS7240). No Jurat required of foreign insurers. Do not file hardcopy Annual or Quarterly Statements.
	M	**NONE Filings**:	Must be submitted. Please see NAIC Annual Statement Instructions for Supplemental Interrogatories.
	N	**Filings new, discontinued or modified materially since last year**:	A "#" on the Checklist denotes a new filing.
	O	**All Foreign Insurers**: ***DO NOT FILE Certificate of Valuation***.	Please file a copy of Certificate of Compliance and Certificate of Deposit as issued by the state of domicile.
	P	**Statement of Compliance with Rule 3901-8-07 and 3901-6-02**:	Every insurer subject to Rules 3901-8-07 and/or 3901-6-02 must file a statement of compliance with Ohio insurance laws as implemented and interpreted by these Rules on Company letterhead. No form.
	Q	**Protected Cell Annual Statement:**	File only if applicable. No need to file with Ohio if "None."
	R	**State instructions and filing information**:	These items are available for instructional purposes only. The forms content is to be used as a guide only.
	S	**Actuarial Opinion Summary (Property & Casualty only)**	To be filed as a confidential document pursuant to ORC §3903.77(E).
	T	**HIC line of business licensees only.**	Do not file unless Certificate of Authority ("COA") is for a **health insuring corporation** ("HIC") under ORC Chapter 1751, or if your "non-HIC" COA specifically lists authority for a HIC line of business.
	Z	**Hard Copy Filings**	Do ***NOT*** file **hardcopy** with Ohio if "NONE", "AFF*", "EO" or "0" is indicated in column 4 (domestic or foreign).

General Instructions
For Companies to Use Checklist

Please Note: **This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will not be sending their own checklist this year.**

Electronic Filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are not required to file hard copy filings with the NAIC.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The Blanks (E) Task Force modified the 1999 *Annual Statement Instructions* to waive paper filings of certain NAIC supplements and certain investment schedule detail,. if such investment schedule data is available to the states via the NAIC database. The checklists reflect this action taken by the Blanks (EX4) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. **Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and have chosen to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.**

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company," If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally, on the state web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.